

KANSAS CITY MISSOURI POLICE DEPARTMENT
SUBSTANCE ABUSE FORM

PRINT LEGIBLY PLEASE

POSITION APPLYING FOR: _____

PRINT NAME: _____ DATE OF BIRTH: _____
 LAST FIRST MI

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ SOCIAL SECURITY NUMBER: _____

TELEPHONE NO: _____ CELLULAR PHONE NO: _____

E-MAIL ADDRESS: _____

You will take a pre-employment polygraph. **Any material FALSIFICATION of this form when compared to the polygraph will result in disqualification. Your admissions may not disqualify you, however misrepresentation will. Please ask questions if you do not understand a question or if you are unsure how to answer before you sign this form.**

Please complete the following drug usage form. Answer each category. **HAVE YOU EVER TRIED, USED, OR ARE YOU PRESENTLY USING** including experimental use:

	Yes	No	Total number of times drug used in your life	Your age when drug last used	Date you used this drug
1. Crack	<input type="checkbox"/>	<input type="checkbox"/>			
2. Cocaine (rock, girl)	<input type="checkbox"/>	<input type="checkbox"/>			
3. Heroin (boy, smack)	<input type="checkbox"/>	<input type="checkbox"/>			
4. Methamphetamines (meth, ice, crank, crystal)	<input type="checkbox"/>	<input type="checkbox"/>			
5. Amphetamines (speed, white cross, black beauty)	<input type="checkbox"/>	<input type="checkbox"/>			
6. LSD (acid)	<input type="checkbox"/>	<input type="checkbox"/>			
7. Designer Drugs (MDMA, Ecstasy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
8. PCP (angel dust, sherm, water)	<input type="checkbox"/>	<input type="checkbox"/>			
9. Other Hallucinogens (mushrooms, mescaline, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
10. Hashish	<input type="checkbox"/>	<input type="checkbox"/>			
11. Morphine	<input type="checkbox"/>	<input type="checkbox"/>			
12. Opium	<input type="checkbox"/>	<input type="checkbox"/>			
13. Prescription Drugs not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>			
14. Anabolic Steroids	<input type="checkbox"/>	<input type="checkbox"/>			
15. Inhaled Solvents	<input type="checkbox"/>	<input type="checkbox"/>			
16. Dilaudid	<input type="checkbox"/>	<input type="checkbox"/>			
17. Marijuana (grass, weed, ganja)	<input type="checkbox"/>	<input type="checkbox"/>			
18. Others: Indicate	<input type="checkbox"/>	<input type="checkbox"/>			

PRINT NAME: _____ DATE OF BIRTH: _____
LAST FIRST MI

19. Have you ever sold or traded drugs? Yes ☐ No ☐
20. Have you ever supplied or given illegal drugs to anyone? Yes ☐ No ☐
21. Have you ever manufactured an illegal drug or been in the presence of any one manufacturing an illegal drug? Yes ☐ No ☐
22. Have you ever been arrested for a drug related incident? Yes ☐ No ☐
23. Have you lived with anyone who used, sold, traded or distributed illegal drugs? Yes ☐ No ☐

IF you answered "YES" to any of the above, please provide more detailed information such as including dates/years, circumstances, amounts, cash/street value, law enforcement capacity and any other information that you have. You may use additional sheets if necessary.

PLEASE READ CAREFULLY

I hereby certify that there are no material misrepresentations or falsifications of the above answers to questions. Should any part of my background investigation disclose such material misrepresentations or falsifications, I understand that my application will be rejected and I will be disqualified from any position in the service of the Kansas City Missouri Police Department.

SIGNATURE: _____ DATE: _____

**THE KANSAS CITY MISSOURI POLICE DEPARTMENT
IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

Administrative Use Only

Receiving Member's Signature Serial Number Date Received Process Disqualify Initial